



**CITY OF DELTA
ANNEXATION REQUEST**

APPLICANT'S NAME _____

ADDRESS _____ **PHONE** _____

**OWNER'S
NAME(S)** _____

ADDRESS _____ **PHONE** _____

PROPERTY ADDRESS _____

ASSESSOR'S PARCEL # _____ **TOTAL ACREAGE** _____

PRESENT LAND USES AND EXISTING STRUCTURES

REASON FOR REQUEST _____

PROPOSED NAME OF ADDITION _____

REQUIREMENTS OF APPLICATION

	<u>Required</u>		<u>Received</u>
Copy of Property Deed	[]		[]
Signed Annexation Agreement	[]		[]
Signed Annexation Petition	[]		[]
Annexation Map (17 copies)	[]		[]
Annexation Request Fee (\$250)	[]	Receipt No. _____	[]
Special Conditions _____	[]		[]

Applicant's Signature

Date

Applicant's Signature

Date